

## Book of the month

### Bodies Politic: Diseases, Death and Doctors in Britain, 1650–1900

How do you picture history? Conventional visual images from the past portray their subjects in an ostensibly realistic manner, but others convey more personal messages from the artist. Such messages may be coded, or transmitted with brutal directness. Individual people, events and places are transformed into stereotypes and metaphors to provide comment on more general social or political situations, usually with strong overtones of parody, protest or subversion. The subjects are to varying degrees remodelled to form caricatures, which range from the comical to the repulsive. Such images are often supplementary to or indeed directly linked with verbal images in the novels, plays, poems and pamphlets of the times and, to this extent, the visual and the verbal cannot be separated. Both provide valuable commentary on the historical contexts in which they are set.

*Bodies Politic*<sup>1</sup> is one of a new series entitled 'Picturing History', and British medicine between 1650 and 1900 provides abundant material for Professor Roy Porter to develop several questions—notably, 'How did the body and healing practices . . . supply metaphoric commentary upon the wider world of politics and the body politic?'. The emphasis inevitably falls on 'the long eighteenth century', on metropolitan rather than provincial practice, and on patients 'of the better sort' with time and money at their disposal.

Views of the body itself were inherently conflicting during this period—loathsome object or divine handiwork? Thus Gibbon disliked ' . . . the naked frankness of Montaigne who exposes all his malady and the operation of each dose of physic on his nerves and bowels', and he was painfully distressed by his own last and unpleasant illness—'varnish the business for the ladies'. Gibbon's less fastidious contemporaries were, however, deeply interested in other people's bodily misfortunes. Publicity was guaranteed for giants, dwarfs and the malformed, and visits to 'the Poore lunatiques' at Bethlem hospital provided (according to taste) edification or raucous sport up until 1770. Mary Toft from Godalming, who claimed to give birth to litters of rabbits, was displayed in London in 1726, and was recorded by Hogarth. Rare but profound enjoyment was to be had from botched executions, and the case of Ann Green, hanged in Oxford in 1650, was widely reported. Anthony à Wood recorded that 'she was carried away to be anatomized by

some young physitians' but they, finding life in her, hastily resuscitated their unlooked-for patient. She was 'restored', according to another source, ' . . . her neck set straight and her eyes fix'd orderly and firmly in her head again'. More optimistic views of human bodies were implicit in the general pursuit of health. Dr George Cheyne, author of *Essay on Health and Long Life* (1724), was himself a spectacular example. Weighing 32 stone (230 kg) in his mid-forties and remaining in 'a jumbled and turbid humour'—as well he might—he subsequently lost '16 or 18 Stone Weight of my rotten Flesh' and later advocated a 'thin' vegetarian diet and daily rides on 'The Chamber-Horse'. Cheyne's *Essay* sold widely but one may doubt how many of his readers followed his precepts to the letter. Regular visits to spa towns and seaside resorts were more diverting, offering at least putative therapeutic benefit in fashionable surroundings.

The huge numbers of visual and verbal images associated with urban doctors, particularly between the 1690s and the 1820s, were rarely flattering. The fashionable London physicians were depicted as ostentatious, avaricious, callous, given to sexual misdemeanours and often atheistical ('Doctor, I talk with people who believe there is no God?' 'And I, Mr Robinson, talk with people who think there are three'). Above all, they were disputatious. Rows between individuals, and between the College of Physicians and the Apothecaries, were served up to a wider public in prints, plays and poems. The example and influence exerted by the great figures of the immediate past such as Harvey and Sydenham were ostensibly forgotten; but, Hogarth or Rowlandson to the contrary, the truly eminent and learned did still practise—the sort of men who formed part of Dr Johnson's circle.

Many 18th century patients, unless actually moribund, seem to have approached their ailments in a business-like manner, negotiating diagnosis and management with their doctors. Opinions were often collected. Garrick had eight physicians 'yet I am alive and in spirits'. Stereotypes of patients became as familiar as those of their attendants—the docile, the argumentative, the dissatisfied and the impreguably well-informed. There were, however, surprises. An unfortunate boy, cut for stone, published *The Grateful Patient* in 1732:

'The work was in a moment done,  
If possible, without a groan . . .  
And above all the race of men  
I'll bless my God for Cheselden'

Another child, Mary Anne Schimmelpenninck was of sterner stuff. Having extracted four front teeth, her kindly dentist offered ' . . . a packet of comfits as my reward. But I

drew up and said, “Do you think Regulus, and Epictetus, and Seneca, would take a reward for bearing pain; or the little Spartan boys?”’.

The choice of orthodox treatments was limited. Current pharmacopoeias were large but of little value. Charles II was alleged to have received 58 different concoctions in the last 5 days of his life, hideously described by John Evelyn and only surpassed by the less familiar details of his necropsy recorded by Bishop Burnet. Much attention was devoted to expulsion of toxins by blood-letting, blistering, vomiting, sweating and purging. Electrical treatment was sometimes advocated for insanity and for other disorders. Erasmus Darwin, faced by a patient with apparent biliary obstruction ‘. . . directed half a score smart shocks . . . to be passed through the liver’. It is reassuring to recall that it was at much the same time that Edward Jenner introduced vaccination for smallpox. Though Jenner himself was as far removed from the caricatures of the fashionable practitioner as it was possible to be, his work was ridiculed by Gillray. Porter points out that some details in Gillray’s print are reminiscent of Hogarth’s Etching of Mary Toft, except that a pregnant woman is now delivering a dwarf cow rather than rabbits. Is it relevant that the print is dated 1802, the same year that Jenner received £10 000 from Parliament?

The place of ‘chirurgeons’ changed radically in the course of the 18th century. ‘I am a Practicer, not an Academick’ proclaimed Richard Wiseman, sergeant-surgeon to Charles II, and the distinction was maintained in gruesome visual and verbal images until the time of John Hunter. Like his pupil Jenner, Hunter was the antithesis of the prototypic fashionable doctor but his remarkable achievements were crucial in improving the intellectual and social status of surgeons and surgery. (‘Physicians worthily maintained their rank . . . and surgeons rose to it’ was one tactful comment.)

A striking feature of 18th century medicine was the large increase in unqualified practitioners. In *The Company of Undertakers* in 1736, Hogarth unkindly combines pictures of twelve fashionable physicians and three notorious quacks including Mrs ‘Crazy Sal’ Mapp, the Epsom bonesetter, and John ‘Chevalier’ Taylor, the oculist. (Dr Johnson described him as ‘The most ignorant man I ever knew, but sprightly’.) Porter cites many hilarious examples—Martin Van Butchell, for instance, the dentist, truss maker and inventor of ‘Springband Garters’ who rode about London on a white pony daubed with black and purple spots. Even more famous was James Graham who presided at the *Templum Aesculapio Sacrum* which, seemingly dedicated to his proposition that ‘the genitals are the true pulse and infallible barometer of health’, offered many curious devices such as an ‘electrical throne’ and the celebrated ‘Celestial Bed’.

No wonder that the material, considered here in only bare and selective outline, provided an inexhaustible source for contemporary artists and writers: Hogarth, Rowlandson, Gillray and Cruikshank spanned much of the period under discussion, each with distinctive viewpoints. Porter observes that many prints, particularly by Gillray and Cruikshank, have to be read as well as observed with their long captions, speech balloons issuing from the characters, and smaller amounts of text everywhere else—open books and papers on tables and poking out of pockets, notices on walls, labels on medicine bottles. Individual diseases are depicted either realistically or in more abstract and fanciful ways: gout, fever, headache were sometimes illustrated in both modes. Death was a frequent character. Purging, blood-letting, amputations and dissections were particularly favoured for prints and applied to a wide range of ‘patients’ to illustrate the national and international events. The roles of ‘doctors’ and ‘patients’ were assigned according to particular circumstances but regularly included the royal family, politicians (especially Pitt, Fox and Burke) and the country itself (John Bull and ‘the Mob’). The French revolution and the Napoleonic wars attracted much attention and inspired some particularly savage images.

The book ends with ‘Victorian Developments’ and the emergence of an entirely changed set of visual and verbal images. Fourteen years before the accession of Queen Victoria, Thomas Wakley founded *The Lancet*. There he fulminated against a good many activities, but most importantly he attacked the obsolete and schismatic way in which the various branches of medicine attempted to operate: radical legislation was enacted in the mid-century in relation to medical education, medical practice and the activities of the Royal Colleges. Changes in professional behaviour were quickly reflected in public images, in the weekly paper of *Punch* (1841) and the later respectful drawings by ‘Spy’ and others in *Vanity Fair*, and in many Victorian novels. Until the 1870s, ‘the doctor’ is male: he is dignified and soberly dressed and he appears gentlemanly, high-minded, sympathetic and politely dominant. Also still pompous and with an ineradicable tendency to obscurantism (brilliantly caught by Trollope: ‘. . . did you observe the *periporollida*? I never saw them so swelled before . . . the *periporollida* in such cases are *always* extended’). Patients, too, were changing and some of the Victorian images of the sick room and the death bed remain all too familiar. There were more working-class patients, whose ignorance was sometimes mocked unpleasantly—though comments such as ‘the label says “one pill to be taken three times a day” and for the life of me I don’t see how it can be taken more than once’ seem entirely sensible.

Porter observes that the same subjects sometimes recur in prints published a hundred years apart. Having read this

absorbing book you may well wonder which images from the past are applicable to us today.

**Richard Carter**

Pine Cottage, Hascombe, Surrey GU8 4JN, UK

## REFERENCE

- 1 Porter R. *Bodies Politic: Disease, Death and Doctors in Britain (1650–1900)*. London: Reaction Books, 2001 [328 pp; ISBN 1 86189 094X; £25]

## Homocysteine in Health and Disease

Editors: Ralph Carmel, Donald W Jacobsen

510 pp. Price £110 ISBN 0-521-65319-3 (h/b)

Cambridge: Cambridge University Press

'The study of obscure subjects has a way of generating ultimately important intellectual ideas and practical advances'—thus begins this 500-page tome on homocysteine. Many of us justify some of our more recherché projects with such arguments, and for homocysteine the dream is coming true. This intriguing molecule was discovered over 70 years ago and is important in the methionine cycle which allows methyl group transfers that are essential for life, and because of its participation in redox reactions by dint of its reactive sulphhydryl group. In medicine, homocysteine first came to prominence because of inborn errors of metabolism leading to homocystinuria—a disorder characterized by dislocation of the lens, a marfanoid habitus, mental retardation and thromboembolic disease. This latter manifestation is thought to be due to endothelial damage and has led to a much wider interest in the possibility that raised homocysteine levels in the general population may be a marker for excess cardiovascular risk.

It is now clear that there is a relationship between increased homocysteine and certain types of cardiovascular risk, and dietary, environmental and genetic causes (common polymorphic variation) have been implicated as a mechanism of raised homocysteine. What is less clear is why a high homocysteine level should be bad news. Theories abound, from increased oxidant stress to enhanced methyldonation; many are rehearsed in detail in this book, but none is yet conclusive nor do we know whether intervention to lower homocysteine will produce benefit. Elevated homocysteine may also be the mechanism by which folate deficiency enhances risk of neural tube defect, and through a common genetic variant in the 5,10 methylenetetrahydrofolate reductase gene, about 11% of the UK population need extra folate to keep homocysteine levels down.

This book is impressive in its scope and comes at a time when many have heard of homocysteine but few really

understand the molecule. It deals with the chemistry, biology, medical aspects and potential for intervention. It has helpful tips on how to measure homocysteine, how variable measurements are, how to intervene and how to manipulate the pathway experimentally. This is hardly the stuff of core curriculum, but for the increasing number of people, from epidemiologists to vascular biologists and embryologists, who are looking at homocysteine as part of their research this could provide an invaluable handbook. Why do I think this would be useful? The answer is simple—the large number of people who have walked into my office whilst this book has been lying on my desk and said 'Can I take a look at that when you have finished?'.

**Patrick Vallance**

Centre for Clinical Pharmacology, University College London, London WC1E 6JJ, UK

## An Introduction to the Symptoms and Signs of Clinical Medicine

David Gray, Peter Toghiani

344 pp Price £21.99 ISBN 0-340-73207-5 (p/b)

London: Arnold (Hodder Headline), 2001

I remember how it felt as a medical student coming to the ward for the first time. Your head is full of anatomy, biochemistry and the like but the challenge from now on will be a real patient—with symptoms, social circumstances and signs. You are meant to obtain the history and elicit physical signs in a logical and efficient way; but what happens? You get lost. You do not know from which side to approach the patient, how to begin, how to finish. What you need is a friendly and reliable guide. Failing a senior colleague with ample time, Gray and Toghiani's *Introduction to Symptoms and Signs in Clinical Medicine* will serve the purpose very well.

This is not the first book of its kind, so what is special about it? Of course, the content overlaps with that of similar books. What differs is the style—student-friendly, non-paternalistic and pellucid. The first three chapters, dealing with general principles of examination and history-taking, offer a series of practical tips on how to approach the patient. You read about basics—what to ask, how to do it and even how to clerk. 'How' is a very important question for students. The next part is concerned with examination of different systems of the human body; and here the book differs from its rivals in containing chapters on matters such as an approach to the elderly, problems in pregnancy and how to examine unconscious patients. One chapter is about elderly muddled patients—who, students soon discover, make up a sizeable proportion of medical

admissions. The third and last part looks into particular problems and syndromes encountered on the medical ward, not only detailing how to deal with them but also providing examples of the thought-sequences that lead to a clinical decision. Chest pain, headache, jaundice and dizziness are among the many matters discussed.

A good aspect of this book is that all the chapters are short and the subheadings are frequent. Besides, there are numerous boxes named revision panels and practical-points boxes that highlight the most important not-to-forget principles; and lots of diagrams and pictures accompany the text. Although Gray and Toghill's book may not be as comprehensive as some of the academic classics on clinical examination, it is more practical and memorable. Clearly the authors know how students feel and what they look for.

**Alexander Youzguin**

Ormskirk and District General Hospital,  
Ormskirk L39 2AZ, UK

### **Feast and Famine: a History of Food and Nutrition in Ireland 1500–1920**

L A Clarkson, E Margaret Crawford  
325 pp Price £25 ISBN 01-19-822751-5  
Oxford: Oxford University Press, 2001

The historical period covered by this book is one in which the English oppressed Ireland in politics, economy and theology. Before 1500 both England and Ireland acknowledged that the head of the Christian Church was the Pope in Rome, but when Henry VIII declared himself the head of the Church of England this was unacceptable to Irish people at all levels of society. For four centuries the Irish rebelled against the tyranny of the English, who campaigned repeatedly to subdue the Catholics or transfer their land to incomers. As we know, the problem is still not resolved, but in 1921 an agreement ending the Anglo-Irish war gave independent status to the Republic of Ireland and formally ended the English domination of all but the north-eastern counties of Ulster. These were predominantly Protestant and remain part of the UK.

Clarkson and Crawford are social historians, and their mission is to show that 'Food and nutrition should be part of the mainstream of social history'. They trace the history of food and famine in Ireland, and provide a context for the Great Famine which between 1846 and 1851 caused a million deaths (about 12% of the population) and the loss of a similar number by emigration, mostly to the United States. The immediate cause of the famine was potato blight (*Phytophthora infestans*), which severely decreased the yield of the potato crop in the years 1845, 1846 and 1848, when about 30% of the population were dependent on a diet of

potato and milk. The authors show that the potato diet was no sudden switch in national cuisine. Until the late 16th century farmland was mainly pasture, but with an increasing population a switch to tillage became necessary to obtain higher yields of food from the available land. The moist, mild climate of Ireland was ideal for growing potatoes, even on the poorer ground that was available to those lowest in the social structure. With a potato patch and a cow a man could provide food to support his family, and if he raised pigs or poultry these would be sold to enable him to buy other necessities. Thus in the mid 19th century, while the gentry had a varied diet similar to that in other European countries, the monotonous but nutritionally adequate diet of the labourer was greatly dependent on the potato harvest.

The preface tells us that Clarkson and Crawford spent nearly two decades writing their book, and their scholarly industry is indisputable: the massive bibliography shows that they have scoured account books of great families and of workhouses, of armies and of almshouses, of schools and of hospitals. They quote profusely from contemporary letters, diaries, sermons and speeches in parliament. They have done everything possible to learn what people in various social classes in Ireland were eating, and the effect on their nutrition and health, over four centuries. The reader will agree with their thesis that food and nutrition should be part of the mainstream of social history, especially in an area like Ireland where an agricultural disaster 150 years ago led to such important political and economic repercussions.

A two-decade gestation period gives time for scholarly delving, but it also brings some disadvantages. Some of the reference books which they cite are out of date: the 4th edition of *Composition of Foods* (1978) is now replaced by the 5th edition (1991). The dietary requirements they use have been superseded by reports that give much lower energy requirements for very active adults. The authors assume that the reader is familiar with historical and economic terms but quite ignorant of nutrition or medicine. For example the phrase 'after the Restoration' is used without any explanation that this refers to the return of Charles II of England in 1660; however, it is thought useful to explain that 'Energy is obtained by the oxidation of proteins, fats and carbohydrates' (no mention is made of alcohol as an energy source). Medical readers will already know that 'Tuberculosis is caused by a micro-organism, tubercle bacillus which can attack several sites in the body, the most common being the lungs'. As a nutritionist, I am unhappy about the extent to which the authors expect that changes in health of the population of Ireland could be reliably related to changes in reported diet. It is often difficult to obtain a reliable picture of the habitual diet of people, or to explain their state of health on the basis of this diet, even when face

to face with intelligent and cooperative patients. It must be still more difficult to establish this relationship if estimates of diet and health must be made from archival data about people who died many years ago. To summarize: *Feast and Famine* presents a large amount of detailed and fully referenced data about the diets consumed by various social

groups in Ireland since 1500, but has little to offer the reader who hopes to learn more about the effect of diet on health.

**John Garrow**

The Dial House, 93 Uxbridge Road,  
Rickmansworth WD3 7DQ, UK